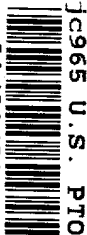


08/03/01



JC965 U.S. PTO

08-06-01

A

PTO/SB/05 (03-01)

Please type a plus sign (+) inside this box → ☐Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JC973 U.S. PTO
09/922089
08/03/01

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.:	1948.ENV
	First Inventor:	Pelley, et. al.
	Title:	STARCH BASED ADHESIVES
	Express Mail Label No.:	EL569394028US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>18</u>] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u> </u>]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total Pages <u> </u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other</p>

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a Preliminary Amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No. /

Prior application information: Examiner Group/Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an Oath or Declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying Continuation or Divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label or ☒ Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	Cynthia L. Foulke				
Address	NATIONAL STARCH AND CHEMICAL COMPANY				
	10 FINDERNE AVENUE				
City	Bridgewater	State	New Jersey	Zip Code	08807-0500
Country	U.S.A.	Telephone:	908-685-7483	Fax:	908-707-3706
Name (Print/Type)	Cynthia L. Foulke	Registration No. (Attorney/Agent)	32,364		
Signature	<i>Cynthia L. Foulke</i>	Date	08/03/01		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**710.00****Complete if Known**

Application Number	To Be Assigned
Filing Date	August 3, 2001
First Named Inventor	Pelley, et. al.
Examiner Name	To Be Assigned
Group Art Unit	To Be Assigned
Attorney Docket No.	1948.ENV

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	14-0455
Deposit Account Name	

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid
101	201	355	Utility filing fee	710.00
106	206	160	Design filing fee	
107	207	245	Plant filing fee	
108	208	355	Reissue filing fee	
114	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)**710.00****2. EXTRA CLAIM FEES**

Total Claims	15	-20** =	0	X	Fee from below	0	=	Fee Paid	0
Independent Claims	1	-3** =	0	X	Fee from below	0	=	Fee Paid	0
Multiple Dependent									

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description
103	203	9	Claims in excess of 20
102	202	40	Independent claims in excess of 3
104	204	135	Multiple dependent claim, if not paid
109	209	40	** Reissue independent claims over original patent
110	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**0**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid
105	205	65	Surcharge - late filing fee or oath	
127	227	25	Surcharge - late provisional filing fee or cover sheet	
139	239	130	Non-English specification	
147	247	2,520	For filing a request for <i>ex parte</i> reexamination	
112	212	920*	Requesting publication of SIR prior to Examiner action	
113	213	1,840*	Requesting publication of SIR after Examiner action	
115	215	55	Extension for reply within first month	
116	216	195	Extension for reply within second month	
117	217	445	Extension for reply within third month	
118	218	695	Extension for reply within fourth month	
128	228	945	Extension for reply within fifth month	
119	219	155	Notice of Appeal	
120	220	155	Filing a brief in support of an appeal	
121	221	135	Request for oral hearing	
138	238	1,510	Petition to institute a public use proceeding	
140	240	55	Petition to revive - unavoidable	
141	241	620	Petition to revive - unintentional	
142	242	620	Utility issue fee (or reissue)	
143	243	220	Design issue fee	
144	244	300	Plant issue fee	
122	222	130	Petitions to the Commissioner	
123	223	50	Processing fee under 37 CFR 1.17(q)	
126	226	180	Submission of Information Disclosure Stmt	
581	581	40	Recording each patent assignment per property (times number of properties)	
146	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	279	355	Request for Continued Examination (RCE)	
169	269	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**0****SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)

Cynthia L. Foulke

Registration No.
(Attorney/Agent)

32,364

Telephone

908-685-7483

Signature

Cynthia L. Foulke

Date

08/03/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231